	r'ATE!II	Effe	Cive Octo		_	TON RECO	ORC)	10/	00	4 42	28
CLAIMS AS FILED PART I '(Column 1) (Column 2) SMALL ENTITY. OTHER THAT												
T	OTAL CLAIM!	S			•	•		RATE	FEE		RATE	FEE
F	OR	NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00	
,T	OTAL CHARGE	minus 20=		.0			XS 9=	-	OR	X\$18=		
IN	DEPENDENT (minus 3 =		Ö			X43=	1	OR	X86=		
M	ULTIPLE DEPE	NDENT CLAIM	PRESENT.	•				+145=	·	OR		
•	the difference	e in column 1 is	less than a	ero, enter	*0* in (column 2	•	TOTAL	-	OR	<u> </u>	
		CLAIMS AS A		. •		•		TOTAL	t	100	OTHER	THAN
1	ł;	(Column 1)		(Colum		(Cotumn 3)	•_	SMALL	ENTITY	OR	SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHT NUME PREVIO PAID F	LER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENOMEN	Total .	. 8	Minus	-2	0	- /		X\$ 9=		OR	X\$18=	
ME	Independent	. 2	Minus .	···· (<u>3</u> .	•/		X43=		OR	X86=	
<u> </u>	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
	' • · · · ·				•	•	Ĺ	TOTAL			TOTAL	
<u>.</u>	(Column 1) (Column 2) (Column 3)							DOIT FEE		Jun ,	ADDIT. FEE	•
		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMB PREVIOUS	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENUMEN	Total .	• 8	Minus .	. 2	0	e . /		X\$ 9=		OR	X\$18 =	
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١		ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .										,
· :- ₁	Quedt	. filed	7/1/0	.5-	•		L	+145=		OR	+290=	
	Copy for	1 /		•			A	oon, F EE		OR ,	VOOT. FEE	1
1	`	(Column 1) CLAMS	•	(Column		(Calumn 3)	_		ADDI	•		ADDI-
		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		PATE	TIONAL
	Total /	. 9	Minus	2	0	=		XS 9=		OR	X\$18=	. /
	Independent		Minus	2	,	-	T	X43≈		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT (MIAL				-			-/
	the point in colum	nn 1 is less than thi	e gegtes les cont	ma 2 webs 4	Y la soch		Ľ	145=		OR	+290=	1.
~, a	the Highest Nun	nber Previously Pal mber Previously Pal	d For IN THE	SPACE &	ess than	20, enter "20."	- 40	TOTAL OIL FEE	4	OR A	DOIT, FEE	1.
		ber Previously Paid					found	I in the app	rppriate box	in ook	mil.	<i>J</i> :

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